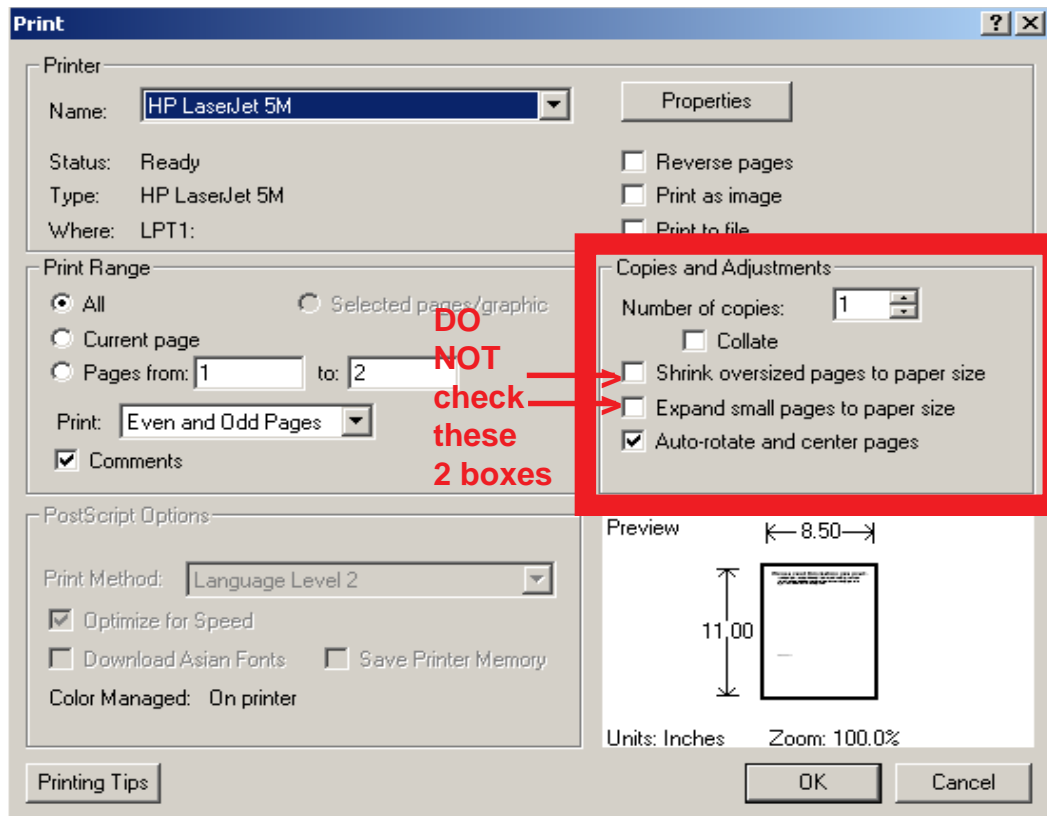


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box "Auto-rotate and center pages." Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Psychology License Application Packet

1. 668-059 Contents List/SSN Information/Deposit Slip 1 page
2. 668-046 Psychology Application Instructions 3 pages
3. 668-040 Application For Licensure As A Psychologist 10 pages
4. 668-048 Special Examination Requirements 2 pages
5. 668-043 Verification Form 2 pages
6. 683-041 Professional Reference Form 2 pages
7. Web Sites For Computer Testing 1 page

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Psychologist License

DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

Please note amount enclosed, and return
with your application.

\$

- ☐ Check
☐ Money Order

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Psychology Application Instructions

Thank you for requesting information on psychology licensing in Washington State. Please be advised that you may not represent yourself as a psychologist in this state without first receiving a license to practice (see exemptions listed in RCW 18.83.200). If you have any questions regarding this material, please contact this office at the address or telephone number provided above.

Education Requirement

If you were enrolled in a program leading to a doctoral degree **after October 19, 1987**, the following requirement applies: (See WAC 246-924-040)

- Completion of a doctoral degree in psychology from a regionally accredited institution of higher education. In that doctoral program, at least forty semester hours, or sixty quarter hours, of graduate courses shall have been passed successfully, and can be clearly identified by title and course content as being part of a psychology program. One of the standards for issuance of said degree shall have been the submission of an original dissertation which was psychological in nature. Endorsement by the program administrator shall be requested and considered. Program must include an internship experience of at least 1500 hours completed within twenty-four (24) months.

If you were enrolled in a program leading to a doctoral degree **between December 28, 1978 and October 19, 1987**, the following requirement applies: (See WAC 246-924-050)

- Completion of a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board.

If you were enrolled in a program leading to a doctoral degree **prior to December 28, 1978**, the following requirement applies: (See WAC 246-924-055)

- Completion of a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must require the submission of an original dissertation which must be psychological in nature, as determined by the board.

Experience Prerequisite To Licensing

If your post-doctoral experience was commenced **after March 5, 1985**, the following requirement applies: (See WAC 246-924-060)

- Completion of a minimum of at least twelve (12) months experience practicing psychology under qualified supervision after having completed all requirements for a doctoral degree. Supervision must be appropriate to the area(s) of professional activity in which the candidate intends to function.

If your post-doctoral experience was commenced **prior to March 5, 1985**, the following requirement applies: (See WAC 246-924-060)

- Completion of a minimum of at least one (1) year experience practicing psychology under qualified supervision after completion of all requirements for a doctoral degree.

Examination Requirements

Successful completion of both the written and oral examination is required.

Written Examination:

As of April 2001, the EPPP will be offered on computer. Please review the enclosed information about the transition to computerized testing.

Oral Examination:

Applicants that have passed the written examination and have completed all experience requirements may be scheduled for the oral examination. The oral examination is scored as pass or fail and consists of a case presentation before an examining panel appointed by the Examining Board of Psychology. This examination covers the same core issues for all candidates including the following major areas:

1. Professional judgment in areas of stated competence
2. Knowledge of state laws pertaining to the practice of psychology and psychological ethics
3. Knowledge and skills in area of stated competence. The candidate must be able to articulate and relate conceptual rationale and methodological interventions
4. Adequacy of candidate's professional training, supervision and experience

Are You Licensed As A Psychologist In Another State Or Jurisdiction?

You may be eligible to receive a psychology license in Washington without sitting for the written examination if: (See RCW 18.83.170 and WAC 246-924-100)

- You hold a doctoral degree with primary emphasis on psychology from an accredited college or university.
- And you have been licensed as a doctoral level psychologist and practicing for two (2) years or more in a state determined to be essentially equivalent by the Examining Board of Psychology. Your license must be current and in good standing.
- Or, you are a diplomate in good standing of the American Board of Professional Psychology.

You may be eligible to receive a temporary practice permit pending completion of documentation that you meet the requirements for a license. To apply for a temporary practice permit your request must be in writing and your application and out-of-state verification must be on file with this office. Temporary practice permits are issued only to applicants from states that have licensing standards substantially equivalent to those in Washington. The Board determines which states meet those standards.

To apply for licensure by endorsement please submit a completed application and appropriate fee to the Department of Health at the address above.

HIV/AIDS Education And Training Requirement

Completion of seven (7) clock hours of AIDS education and training is required prior to licensing. See WAC 246-924-110 and the enclosed documentation form for more information.

Application Process

Complete the enclosed application and submit it along with the appropriate fee(s) to the address above. Applications are not considered complete until all supporting documents/information are received and the appropriate fee(s) have been paid. It is the applicant's responsibility to provide clear and sufficient documentation that the doctoral program, practicum, and internship meet the requirements enumerated in the WAC.

Three (3) professional Reference Forms, academic transcripts, and verification of credentials held in all other states or jurisdictions must be received in this office directly from the party providing that information—not from the applicant. Note that references must have supervised the applicant's work in psychology or as professional colleagues, be knowledgeable to evaluate the candidate's work in psychology (i.e. references from professionals practicing in areas unrelated to psychology are not acceptable).

Once your application is complete, it will be reviewed by the Board and you will be notified of your eligibility to sit for the written and/or oral examination. Please note that failure to appear at a scheduled examination will result in forfeiture of the examination fee. Exceptions are made only in the event of a bona fide emergency.

Fees

Submitted to Department of Health with application:

\$260.00 application fee

\$350.00 oral examination fee

Note: Fees submitted with application for initial credentialing and examinations are nonrefundable. (See WAC 246-12-340)

Americans With Disabilities Act

If you have a disability, which requires an accommodation during the written and/or oral examination, please indicate so on your application. The Examining Board of Psychology is in compliance with the requirements of the Americans With Disabilities Act.

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Washington State Department of

Health

Health Professions Quality Assurance Division

P.O. Box 1099

Olympia, WA 98507-1099

FOR OFFICE USE ONLY

LICENSE NUMBER

DATE GRANTED

LICENSE #

Application For Licensure As A Psychologist

Application for (check one):

- ☐ National Written Examination and Oral Examination
☐ Transfer of National Written Examination
☐ Oral Examination by Endorsement (see Application Instructions)

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

All applications must be accompanied by the applicable fee. (See instructions to determine fees.) Make remittance payable to "Department of Health".

NOTE: APA stands for American Psychological Association. APPIC stands for Association of Psychology Postdoctoral and Internship Centers.

1. Demographic Information

APPLICANT'S NAME LAST		FIRST		MIDDLE NAME OR INITIAL	
MAILING ADDRESS				EMAIL ADDRESS	
CITY		STATE		ZIP	COUNTY
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS .) ()		RESIDENCE TELEPHONE ()		SOCIAL SECURITY NUMBER (Required under 42 USC 666 and Chapter 26.23 RCW.) — —	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		BIRTHDATE (MO/DAY/YR) / /		PLACE OF BIRTH	
Have you ever been known under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list					
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		

Attach Current Photograph Here.
Indicate Date Taken and Sign in Ink
Across Bottom of the Photo.
NOTE: Photograph **Must** Be:
1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of
application
4. Close up, front view—not profile
5. Instant Polaroid Photographs
not acceptable

2. Licenses In Other Jurisdictions

List all jurisdictions where licenses are or were held. Specifically list licenses granted as temporary, or reciprocity, exemption, or similar with type, date, grantor, and if license is current. (attach additional 8 1/2 x 11 sheets if necessary.)

STATE OR OTHER JURISDICTION	PERMANENT OR TEMPORARY	LICENSE BY WRITTEN AND/OR ORAL EXAMINATION	LICENSE		CURRENTLY ACTIVE?
			YEAR ISSUED	NO.	

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐
- “Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Chemical substances”** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.**
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with: ☐ ☐
- a. the use or distribution of controlled substances or legend drugs? ☐ ☐
- b. a charge of a sex offense? ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceedings to have: ☐ ☐
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements. ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

4. Education

DATE DOCTORAL PROGRAM BEGAN:

NAME AND LOCATION OF INSTITUTION GRANTING DOCTORAL DEGREE.

TYPE OF DOCTORAL PROGRAM (E.G. CLINICAL/COUNSELING, ETC.)

DATE ENTERED DOCTORAL PROGRAM WHICH GRANTED YOUR DOCTORAL DEGREE

DATE DEGREE RECEIVED (MONTH/YEAR)

NAME AND LOCATION OF PRE-DOCTORAL INTERNSHIP

Was your doctoral program APA approved at the time you received your doctoral degree? ☐ Yes ☐ No

Was your pre-doctoral internship APA approved? ☐ Yes ☐ No

Highest degree earned

Year

State in chronological order the name and location of each college, university, or professional school attended, the time spent in each, and if a graduate, the year of graduation. An official transcript is required of all graduate work, and is to be mailed directly from the college or university to the Department of Health, Examining Board of Psychology, PO Box 47869, Olympia, Washington 98504-7869. (Those seeking endorsement need not submit transcripts.)

[illegible]

MASTER'S THESIS TITLE AND SUPERVISOR									
--------------------------------------	--	--	--	--	--	--	--	--	--

DOCTORAL DISSERTATION TITLE AND SUPERVISOR

Please check your areas of professional competency:

☐ Clinical/Counseling ☐ Neuropsychology ☐ Industrial/Organizational ☐ School/Educational

☐ Other (specify) _____

5. Previous Application

Have you ever taken a written or oral examination in psychology in the state of Washington? ☐ Yes ☐ No

Have you ever been denied a license as a psychologist in the state of Washington? ☐ Yes ☐ No

DOH 668-040 (REV 9/2003) PAGE 3 OF 10

6. AIDS Education and Training Attestation

I certify I have completed the minimum of 7 hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my certification may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE
----------------------	------

7. Documentation of Educational Qualifications

NOTE: This section must be completed by all applicants who entered a doctoral program after **October 19, 1987** and whose academic program was not APA approved.

Please Type or Print Clearly

Name _____

Applicants for psychology licensure must have psychological coursework as specified in WAC 246-924-040. Because it is frequently difficult for the Board to determine from transcripts the coursework that fulfills various requirements, please fill in this outline to aid in our review. If any course listed does not specify clearly in its title the nature and/or content of the course e.g., Seminar; Issues in ...), please provide an official syllabus, official course outline, or statement from the professor documenting the content.

"Instructions should include history and systems; research design and methodology; statistics and psychometrics."

COURSEWORK	COURSE NUMBER AND TRANSCRIPT TITLE	YEAR	CREDITS	CHECK IF DOCUMENTATION IS ATTACHED
History and Systems				
Research Design Methodology				
Statistics				
Psychometrics				

The core program should also require each student to obtain an academic background or the following content areas (typically three or more semester hours, five or more quarter hours). The same credit cannot fulfill the requirements for two different areas. Course work must be at the graduate level.

Biological Bases of Behavior; e.g. physiological psychology, comparative, neuropsychology, sensation and perception, psychopharmacology.

COURSE NUMBER AND TRANSCRIPT TITLE	YEAR	CREDITS	CHECK IF DOCUMENTATION IS ATTACHED

7. (Continued) Documentation Of Educational Qualifications

Cognitive-affective Bases of Behavior; e.g. learning, thinking, motivation, emotion.

COURSE NUMBER AND TRANSCRIPT TITLE	YEAR	CREDITS	CHECK IF DOCUMENTATION IS ATTACHED

Social Bases of Behavior; e.g. social psychology, group processes, organizational and systems theory.

COURSE NUMBER AND TRANSCRIPT TITLE	YEAR	CREDITS	CHECK IF DOCUMENTATION IS ATTACHED

Individual Differences; e.g. personality theory, human development, abnormal psychology.

COURSE NUMBER AND TRANSCRIPT TITLE	YEAR	CREDITS	CHECK IF DOCUMENTATION IS ATTACHED

Scientific and Professional Ethics

COURSE NUMBER AND TRANSCRIPT TITLE	YEAR	CREDITS	CHECK IF DOCUMENTATION IS ATTACHED

8. Pre-doctoral Supervised Training WAC 246-924-050(3)

Note: This section must be completed if doctoral program was in an applied area (e.g. clinical), and Non APA Approved Program.

Practicum training is clinical (or other applied) experience during the doctoral program which is supervised, generally taken for credit, and often sited on the campus. These practica are intended to prepare the doctoral student for the internship year and are prerequisite to it. Please note that practicum requirements are entirely different and separate from the internship requirements. The program must include a set of coordinated practicum and internship experiences which total at least two semesters in the practicum setting, and additionally a “one-year” internship. A minimum of 300 hours of practicum, including 100 hours of scheduled individual supervision.

[illegible]

For Applicants From Non-APA Approved Applied Programs Only

9. Pre-doctoral Internship Training—WAC 246-924-040(3)

Name and location of Program _____

Dates _____

DATES		TOTAL NUMBER OF HOURS		NAME, TITLE, AND ADDRESS OF SUPERVISOR	DESCRIPTION OF SUPERVISED WORK ACTIVITIES, AND NATURE AND EXTENT OF SUPERVISION
FROM (MO/YR)	TO (MO/YR)	SUPERVISED WORK HOURS	DIRECT SUPERVISION		

10. For Applicants From Non-APA Approved Applied Doctoral Programs Only

It is the applicant's responsibility to provide sufficient and clear documentation regarding the internship completed.

- a. Was your internship APA approved or APPIC listed? ☐ Yes ☐ No

If **yes**, do not complete this form, instead, provide certificate of completion or letter from the internship director.

If **no**, please use the following as a check list to document that the internship completed meets the requirements of WAC 246-924-040(3).

- b. Did your internship provide a planned programmed sequence of training experience to assure breadth and quality of training? ☐ Yes ☐ No

Please describe and include appropriate documentation (e.g. brochure, and/or descriptive letter from internship director).

- c. Did your internship have a clearly designated psychologist who was responsible for the integrity and quality of the program, and who is licensed by the state/province board of psychology examiners? ☐ Yes ☐ No

Please indicate the name and license number of the director.

Name _____ License number _____

- d. Did your internship have two or more psychologists available as supervisors, at least one of whom was licensed as a psychologist? ☐ Yes ☐ No

Please indicate the names of at least two supervisors, (and license numbers if applicable).

Name _____ License number _____

Name _____ License number _____

- e. Was your internship supervision provided by the person who was responsible for the cases being supervised? ☐ Yes ☐ No

Please explain (and document by brochure or letter from the director/supervisor) the relationship between the supervisor and the internship program.

- f. Was at least 75% of your internship supervision provided by psychologists? ☐ Yes ☐ No

Please document in a brochure or letter from your internship director/supervisor.

- g. Was at least 25% of your time or internship spent in direct client contact assessment and intervention)? ☐ Yes ☐ No

Please document in a brochure or letter from your internship director/supervisor.

- Please document in a brochure or letter from your internship director/supervisor.*

- Please document in a brochure or letter from your internship director/supervisor.*

- Please document in a brochure or letter from your internship director/supervisor.*

- Please document in a brochure or letter from your internship director/supervisor.*

- Please provide a copy of the brochure.*

- Please provide documentation in brochure or letter from supervisor.*

NOTE: Acceptable experience involves 1 hour of direct supervision for every 20 hours of work.

12. Applicant's Attestation

I, _____, certify that I am the person described and identified in
NAME OF APPLICANT

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

Signature of Applicant _____ Date _____

Official Use Only

Washington State Records Center



Health Professions Quality Assurance Division
PO Box 1099
Olympia, WA 98507-1099

Special Examination Requirements

If you have a disability that requires special accommodation at either the written or oral portion of the examination, please complete this form and return it with your application.

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

City, State & Zip Code: _____

Phone Number: _____ Date of Birth: ____/____/____
WHERE YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS

Do you have a condition requiring special attention? ☐ Yes ☐ No

- ☐ Vision Problems
- ☐ Physical Disability
- ☐ Learning Disability
- ☐ Other _____

What special services will you need? _____

Please have your physician, optometrist, learning specialist, etc., complete the reverse side of this form.

Signature of Applicant

Date

If you have any questions or concerns, please contact our office at Department of Health, Psychology Program, PO Box 47869, Olympia, WA 98504-7869, (360) 236-4910.

Special Examination Requirements

To the Physician, Optometrist, Learning Specialist, etc.:

Please complete the following form regarding the candidate for the licensing/certification examination.

Applicant's Name _____ requires the following special needs for the written/oral portion of the licensure/certification examination:

- ☐ Extra Time
- ☐ Reader
- ☐ Writer
- ☐ Other _____

Your Name and Date (Please Type or Print Legibly)

Written Signature and Title

Telephone Number: _____
(FOR CONTACT DURING BUSINESS HOURS)



Washington State Department of
Health
Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

Examining Board of Psychology License Verification

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are licensed. Instruct them to return the form directly to the address listed below. Make a copy of this form if you are licensed in more than one state and/or jurisdiction. Licensing agencies normally charge a fee to verify a license. Please check in advance to help expedite this process.

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

City, State & Zip Code: _____

Any other names used: _____

License Number: _____ Date Issued: _____

Have the licensing agency return this completed form to:

Department of Health
Examining Board of Psychology
PO Box 47869
Olympia, WA 98504-7869

If you have any questions, please call (360) 236-4910.

(To be Completed by the State Psychology Board)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of licensed psychologist: _____

Authority providing verification: _____
STATE, NAME & TITLE

Applicant was licensed by:

Written Examination: _____ Date: _____ Score: _____

Name of Examination: _____

Other Examination: _____ Date: _____ Score: _____

Name of Examination: _____

Is license current? ☐ Yes ☐ No Expiration Date: _____

Is this licensee considered to be in good standing in your state? ☐ Yes ☐ No If "No," please attach explanation.

Has this license ever been:

Yes No

- | | | |
|--------------------------|--------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | denied |
| <input type="checkbox"/> | <input type="checkbox"/> | suspended |
| <input type="checkbox"/> | <input type="checkbox"/> | revoked |
| <input type="checkbox"/> | <input type="checkbox"/> | surrendered |
| <input type="checkbox"/> | <input type="checkbox"/> | reinstated |

If yes, please provide a copy of the Final Order or other documentation of action taken.

If this licensee has been disciplined, has he/she successfully completed all requirements and is currently in good standing? ☐ Yes ☐ No

Signature: _____

(SEAL)

Title: _____

Date: _____



Washington State Department of
Health
Health Professions Quality Assurance Division
PO Box 1099
Olympia, WA 98507-1099

Professional Reference Form

Please type or print clearly

NOTE: Please be advised that upon receipt of written request, this form may be released to the applicant. However addresses and telephone numbers will not be released. This form may be duplicated.

_____ has applied for licensure as a psychologist in NAME OF APPLICANT			
the State of Washington and has given your name as a reference. Please return directly to: <i>Department of Health, Examining Board of Psychology, PO Box 47869, Olympia, Washington 98504-7869.</i>			
YOUR NAME			
ORGANIZATION	POSITION		
ADDRESS	CITY	STATE	ZIP

I. Relationship to Candidate:

- ☐ Pre-doctoral Supervisor ☐ Post-doctoral Supervisor ☐ Professional Colleague
☐ Other (specify) _____

Approximate date of this relationship: From _____ To _____

Percent of applicant's time spent in psychological work: _____

Title of applicant's position and name of organization _____

II. Describe briefly the applicant's duties as you knew them in the position listed above: _____

III. Please comment on the applicant's professional judgment, responsibility, integrity, and relations with professional peers and with clients.

IV. If you were a supervisor of the applicant's post-doctoral work, please complete the following:

- A. Dates of post-doctoral supervision: From _____ To _____
B. Total number of hours of post-doctoral psychological work you supervised: _____
C. Total number of hours of face to face supervision you provided: _____
D. Was there one hour of supervision for every 20 hours? ☐ Yes ☐ No

Applicants are required to have one year of post-doctoral supervision consisting of a minimum of 1,500 supervised hours according to WAC 246-924-060 and 065.

V. Please check the areas in which you judge the candidate to be technically competent and able to meet reasonable standards in the profession of psychology. Please double check what you regard as the applicant's specialty area:

- ☐ Clinical/counseling ☐ Neuropsychology ☐ Industrial/organizational ☐ School/Educational
☐ Other (specify) _____

VI. Do you have any concerns in recommending this applicant for licensure in the state of Washington for independent practice? If yes, please comment specifically. Include any other information you consider relevant.

VII.

Is there any other information about this candidate which you believe should be provided to the Examining Board of Psychology? If so, please explain. _____

To the best of my knowledge I have answered the above questions truthfully.

Are you licensed as a: ☐ Psychologist ☐ Psychiatrist ☐ Social Worker

In what state(s) or jurisdiction(s) are you licensed? _____

License Number: _____

Date of Original License: _____

Your Signature _____ Date _____

Thank you for your cooperation.
Washington State Examining Board of Psychology (360) 236-4910

Web Sites For Computer Testing

The website for the score transfer sheet is: <http://www.asppb.org/mobility/Forms.pdf>

The website for the question and answer sheet is: <http://www.asppb.org/exam/New%20eppp.htm>